

STATE OF MARYLAND—CERTIFICATE OF DEATH

69790

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Cecil

95

Registration Dist. No. 95

St.

Ward

Village or City

New Rising Sun

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Alexander

(a) Residence: No.

P. O. I. Rising Sun, Md.

Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

6e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Hester Alexander

6. DATE OF BIRTH (month, day, end year)

Aug 15, 1866

7. AGE

Years

66

Months

1

Days

2

If LESS than

1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farming

Date of onset

1930

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Cecil County, Md.

MOTHER FATHER

13. NAME

Adam Taylor

14. BIRTHPLACE (city or town)

(State or country)

Cecil County, Md.

Date of

15. MAIDEN NAME

Mary S. Alexander

Was there an autopsy?

16. BIRTHPLACE (city or town)

(State or country)

Cecil County, Md.

17. INFORMANT

(Address)

Geo. W. Davis

P. O. I. Rising Sun, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Burial

Date Sep 20-32

19. UNDERTAKER

(Address)

Clyde E. Mason

Lafayette, Pa.

20. FILED

Date

Sept 20, 1932

Registrar.

M. D.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	
Chronic interstitial nephritis	
Cerebral hemorrhage	

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	
Run over by street car	
Peritonitis	

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	
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Other contributory causes of importance:

Gastroenteritis	
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1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09791

85

Registration Dist. No.

96

M.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Cecil

Village or City Veterans' Administration Hospital, Perry Point, Md.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 10 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME BANG, Christian C-1 037 742

(a) Residence: No. 7 Nichols St., Ansonia, Conn. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

white

single

5a. If married, widowed, or divorced

HUSBAND

(or) Wife of

Mother - Mrs. Frank Bluschke

6. DATE OF BIRTH (month, day, end year)

Jan. 21, 1898

7. AGE

Years

Months

Days

if LESS than
1 day, hrs.
or min.

84

34

7

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Unknown

11. Total time (years) spent in this occupation Unknown

Student

12. BIRTHPLACE (city or town)

Milford, Conn.

(State or country)

MOTHER

FATHER

13. NAME

Otto Bang

14. BIRTHPLACE (city or town)

Conn.

(State or country)

15. MAIDEN NAME

Christine ?

Conn.

16. BIRTHPLACE (city or town)

Conn.

(State or country)

17. INFORMANT

(Address)

Hospital Records

Perry Point, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ansonia, Conn.

Date Sept. 5, 1932

19. UNDERTAKER

(Address)

Pennington & Son

Hafre de Grace, Md.

20. FILED Sept. 5, 1932

(Address)

Registrar

21. DATE OF DEATH

Sept.

5

(Month)

(Day)

, 1932 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Nov. 5, 1931 to Sept. 5, 1932

I last saw him alive on Sept. 5, 1932; death is said to have occurred on the date stated above, at 7 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Epilepsy

Date of onset
1919

Other Contributory Causes of Importance:

Name of operation None

Date of

What test confirmed diagnosis? Clinical Report

Where en eulogy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Roger P. HENTZ, Clinical Director

(Signed)

Perry Point, Md.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

75-C

Registration Dist. No. 96

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER

20. FILED

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER

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10. Trade, profession, or particular
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SAWYER, BOOKKEEPER, etc.11. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER

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10. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.11. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw her alive on to, daeth is said
to have occurred on the date stated above, at a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Acute Dilatation of
HeartData of onset
9/22/32

Other Contributory Causes of importance:

Strewn Myocarditis

1931

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address) 679792
Part 189792, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69793

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County. CecilRegistration Dist. No. 96Village or City. Veterans' Administration Hospital, Perry Point, Md.St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 5 mos. 0 ds. How long in U.S. if of foreign birth? 1 yrs. 0 mos. 0 ds.2. FULL NAME BECRAFT, Mehrle C-1 094 127(a) Residence: No. Mt. Airy, Md.St. (City) Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, and year) November 24, 1897

7. AGE <u>34</u> Years	Months <u>10</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, Helper SAWYER, BOOKKEEPER, etc.9. Industry or business in which work was done, as SILK MILL, Chemical Factory SAW MILL, BANK, etc.10. Date deceased last worked at this occupation (month and year) Unknown11. Total time (years) spent in this occupation About 4 or 5 years.12. BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)13. NAME Calvin BeCraft14. BIRTHPLACE (city or town) Maryland
(State or country)15. MARRIED NAME Grace Hood16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Hospital Records
(Address) Perry Point, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Airy, Md. Date Oct. 3, 193219. UNDERTAKER Pennington & Son,
(Address) Havre de Grace, Md.20. FILED Oct. 1, 1932 Charles W. Morrison
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sep tember 30 1932
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932, to September 30, 1932.I last saw him alive on September 30, 1932; death is said to have occurred on the date stated above, at 9:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of the LiverDate of onset
About
3 mos.
or more

Other Contributory Causes of importance:

Psychosis epileptic deterioration, severe About 6 yrs.Name of operation None Date ofWhat test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury Oct. 3, 1932Where did injury occur? No injury

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify —(Signed) ROGER F. HENTZ, Act. Medical Officer M. D.
(Address) In Charge, Perry Point, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V.S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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Date of onset

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

Other contributory causes of importance:

Gastroenteritis	1 year
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1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09734

1. PLACE OF DEATH

County

Erie

WITHIN CORPORATE LIMITS OF

82-a

Registration Dist. No.

92

Village or City

Cabin

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

1

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Mrs. Molly Benjamin

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of

(W) WIFE of

Orlando Wm Benjamin

6. DATE OF BIRTH (month, day, and year)

June 25, 1866

66

2

10

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Housewife

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

John Taylor

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

John

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Leslie Benjamin

(Address)

North East 116th

18. BURIAL, CREMATION, OR REMOVAL

Place

Bay View Md

Date

Sept 8, 1932

19. UNDERTAKER

(Address)

Joseph

North East 116th

20. FILED

Date

Sept 6, 1932

F. Paul Major

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept

5

(Month)

1932

(Year)

I HEREBY CERTIFY. That I attended deceased from

I last saw deceased alive on Sept 4, 1932, to death on Sept 5, 1932, death is said

to have occurred on the date stated above, at 4:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cerebral Hemorrhage

Date of onset

Other Contributory Causes of Importance:

Atherosclerosis

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

D. Erie Cundee M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

OCT 4 1932

BUREAU

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923
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Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09795

1. PLACE OF DEATH

County Cecil

159

Registration Dist. No. 9Village or City CeciltonSt. Ward Length of residence in city or town where death occurred yrs. mos. ds.How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Phyllis C. Bouldin(a) Residence: No. St. Ward If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Engaged

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 13/62

7. AGE

Years Months Days 6 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

CeciltonCecil Co. Md.

FATHER

13. NAME

Harry D. Bouldin

MOTHER

14. BIRTHPLACE (city or town)

(State or country)

Cecil Co. Md.

15. MAIDEN NAME

Mary C. Burrell

16. BIRTHPLACE (city or town)

(State or country)

Cecil Co. Md.

17. INFORMANT

(Address)

Harry D. Bouldin

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Cemetery Date Sept 20, 1933

19. UNDERTAKER

(Address)

Phew & Coffey

20. FILED

(Address)

Cecilton

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 19

(Month)

(Day)

1933
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 13, 1933 to Sept 19, 1933
I last saw deceased alive on Sept 18, 1933, death is saidto have occurred on the date stated above, at 12:15 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Premature Birth
7 mos gestation

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Geo. B. Jones M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

49 yrs.

120

Registration Dist. No.

69736
96

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Port of the Past

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female Colored Married

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 11, 1860

7. AGE

Years

Months

Days

IT LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Sept 1932

11. Total time (years)
spent in this
occupation 49

12. BIRTHPLACE (city or town)

(State or country)

Anne Arundel Co.

Md.

Anne Arundel Co.

Md.

Anne Arundel Co.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

69797

1. PLACE OF DEATH

County

Cecil

216-11n

Registration Dist. No. 92

Village or City

Elkton

Union Hospital

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5a. If married, widow, or divorced
(or) WIFE OF

Anthony Cava

6. DATE OF BIRTH (month, day, and year)

Sept 7 1850

7. AGE

Years 82

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

at 2 houses

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Italy

FATHER

13. NAME no information

14. BIRTHPLACE (city or town)
(State or country)

Italy

MOTHER

15. MAIDEN NAME no information

16. BIRTHPLACE (city or town)
(State or country)

Italy

17. INFORMANT

(Address)

Marie Peterson

Elkton Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Elkton Cemetery

Data Sept 19, 1932

19. UNDERTAKER

(Address)

J. W. Pippin

Elkton Md

20. FILED

Date

Sept 19, 1932

Signature

J. Frank Frazel

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept
(Month)15
(Day)1932
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 14, 1932, to Sept 15, 1932; death is said
I last saw him alive on Sept 15, 1932; death is said
to have occurred on the date stated above, at 6:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Shock as the result of an
automobile accident Date of onset
9/14/32

Other Contributory Causes of importance:

Chronic myocarditis

Investigation

J. Rodriguez Frazel, Coroner

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Sept 14, 1932

Where did injury occur? Elkton, Md.

Specify city or town, county and State

East Main Street, Elkton, Md.

Manner of Injury walked into moving automobile

Nature of injury shock and fall

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

Signature J. H. Mc Knight

(Address) Elkton Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69798

1. PLACE OF DEATH

County CecilVillage or City Cecilton

82-a

Registration Dist. No. 90St. Ward

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Annie Fields(a) Residence: No. Fredericktown Md
(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MARRIED

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofBelbert Fields

6. DATE OF BIRTH (month, day, and year)

unknown

7. AGE

Years 45

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Hausewörk10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country) Cecil Co. Md.

MOTHER FATHER

13. NAME

Severall Hoggans

14. BIRTHPLACE (city or town)

(State or country) Cecil Co. Md.

15. MAIDEN NAME

Diana Harris

16. BIRTHPLACE (city or town)

(State or country) Cecil Co. Md.

17. INFORMANT

(Address) Sister & brotherCecilton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cecilton Cemetery Date Sept 15, 1932

19. UNDERTAKER

(Address) John D. GaffeyCecilton Md.

20. FILED

Date Sept 14, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 12, 1932
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from
Sept 12, 1932 to Sept 12, 1932I last saw h.e.r. alive on Sept 12, 1932 death is said
to have occurred on the date stated above, at 6:40 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral HemorrhageDate of onset
8 A.M.Sept 12, 1932

Other Contributory Causes of importance:

Arterio scleræsis ?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Catherine Goodson M. D.
(Address) Cecilton Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69799

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Cecil*Village or City *Concord town*Length of residence in city or town where death occurred *6* yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2. FULL NAME

Mary Ellen Gracey

(a) Residence: No. *R. F. D. 3* *Eckton* *Ind. St.*

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female *White*

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*single*

6e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *no information*

7. AGE Years Months Days If LESS than

*about 71*1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *House work*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) *9/18/32*11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

*James Gracey*14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

*Anna Ford*16. BIRTHPLACE (city or town)
(State or country)*Ind.*

17. INFORMANT

Frank Springer(Address) *1703 Eckton, Ind.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Heath Christian* Date *Sept 22, 1932*

19. UNDERTAKER

P. F. Jones(Address) *One year old*20. FILED *Sept 19, 1932* *J. Frank. Frazer*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 19

(Month)

(Day)

1932
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19 ____ to 19 ____

I last saw him alive on *about* *1 a.m.* death is said to have occurred on the date stated above, at *1 a.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Slept in chair on first floor.
Found dead in chair.
Probably heart failure.

Date of onset

9/19/32

Other Contributory Causes of importance:

*Rheumatism for 20 years.**Investigation**J. Frank. Frazer, Coroner.*Name of operation *J. Frank. Frazer, Coroner.* Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury ____ 19 ____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

69800

1. PLACE OF DEATH

County

Cecil

Village or City

Dear Elkton

95-1

Registration Dist. No.

92

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Edith Hall

(a) Residence: No.

Tuscan Apts.

(Usual place of abode)

St. Ward.

Baltimore, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

6e. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 10 1871

7. AGE

61

Years Months Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Elkton
Maryland

13. MOTHER FATHER

NAME

Daisy O'Hall

14. BIRTHPLACE (city or town)

(State or country)

Scarborough
England

15. MAIDEN NAME

Caroline Johnson

16. BIRTHPLACE (city or town)

(State or country)

Elkton, Md
Maryland

17. INFORMANT

(Address)

Mrs Carrie Boyd
Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Elkton Cemetery

Date

Sept 17, 1932

19. UNDERTAKER

(Address)

R. W. Pittman
Elkton, Md

20. FILED

Date

Sept 17, 1932
J. Frank Gray
Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 15, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19. to 19.

I last saw h. alive on 19. ; death is said
to have occurred on the date stated above, at 9:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Acute heart dilatation
Died in ambulance on way to Balt.
from Sea Island City, N.J.Date of onset
1932

Other Contributory Causes of importance:

Investigation
J. Rodney Fraser, Coroner.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69801

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County. CecilVillage or City. Elkton, Md. R.F.D.

46

Registration Dist. No. 92

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME. Mrs. Evelyn May Harvey,(a) Residence: No. Elkton, Maryland, R.F.D. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofDenial Harvey6. DATE OF BIRTH (month, day, and year) June 7, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, _____ his. or _____ min.
70	3		14	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	At Home
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	<u>Elkton, Md</u>
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13. NAME	<u>John Perkins</u>
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14. BIRTHPLACE (city or town) (State or country)	<u>Wilmington, Delaware</u>
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15. MAIDEN NAME	<u>G. Virginis Roberts</u>
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16. BIRTHPLACE (city or town) (State or country)	<u>Harpers Ferry, Virginia</u>
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17. INFORMANT (Address)	<u>Mrs. Alice P. Terrell</u>
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18. BURIAL, CREMATION, OR REMOVAL Place	<u>Elkton, Cmt.</u>
	Date Sept. 24, 1932

19. UNDERTAKER (Address)	<u>A. W. Pittman</u>
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20. FILED Sept 24, 1932	<u>Health Board</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 21st,

(Month)

1932

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 28th, 1932, to September 21st, 1932

I last saw her alive on September 21st, 1932; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of ceacum

Date of onset 1932

Other Contributory Causes of Importance:

?

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? _____ Date of injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) W. D. McNeight(Address) Elkton, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69802

1. PLACE OF DEATH

89

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

County CecilRegistration Dist. No. 96Village or City Veterans' Administration Hospital No. Perry Point, Md. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 3 yrs. 8 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME HAWKINS, Lyle E. C-1 366-719(a) Residence: No. 1310 Marshall Street, Benwood, W. Va. Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofEdith McMillan Hawkins6. DATE OF BIRTH (month, day, and year) January 29, 1887

7. AGE <u>45</u> Years	Months <u>7</u>	Days <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Worked in Steel Mill</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Unknown</u>	
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>

12. BIRTHPLACE (city or town)
(State or country) Benwood, W. Va.13. NAME Louis E. Hawkins14. BIRTHPLACE (city or town)
(State or country) Benwood, W. Va.15. MAIDEN NAME Margaret (last name unknown)16. BIRTHPLACE (city or town)
(State or country) Benwood, W. Va.17. INFORMANT Hospital Records,
(Address) Perry Point, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wheeling, W. Va. Date Sept. 27, 193219. UNDERTAKER Pennington & Son,
(Address) Havre de Grace, Md.20. FILED Sept. 26, 1932 Charles W. Morrison
(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 25, 1932 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from December 28, 1932, to September 25, 1932.

I last saw him alive on September 25, 1932; death is said to have occurred on the date stated above, at 9:20 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Lobar PneumoniaDate of onset
9-20-32

Other Contributory Causes of Importance:

General Paralysis of the InsaneAbout
1919.Name of operation None

Date of

--

What test confirmed diagnosis? Clinical and Laboratory Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) tell in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ROGER P. HENTZ, Clinical Director.
(Address) Veterans' Administration
M. D. Perry Point, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy.	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis.	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Cecil
Perryville

59

Registration Dist. No. 96

Village or City

St. Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Perryville

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female white widowed

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 15, 1868

7. AGE Years Months Days If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

House works

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

own home

10. Date deceased last worked at
this occupation (month and
year)

July 1, 1932

11. Total time (years)
spent in this
occupation 4012. BIRTHPLACE (city or town)
(State or country)Port Deposit
Md.

13. NAME Calvin Jackson

14. BIRTHPLACE (city or town)
(State or country)Port Deposit
Md.

15. MARIO NAME Lealy Jackson

16. BIRTHPLACE (city or town)
(State or country)Port Deposit
Md.

17. INFORMANT Harry Jackson

Perryville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Fairview Cemetery Date: Sept 18, 1932

19. UNDERTAKER Lee G. Patterson

Perryville, Md.

20. FILED Sept 17, 1932 L. P. Darden.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan. 1932 to Sept 15, 1932

I last saw him alive on Sept 15, 1932

death is said to have occurred on the date stated above, et 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio Atherosclerosis
Diabetes Melitus
Cerebral Hemorrhage

Other Contributory Causes of importance:

Arterio Atherosclerosis
Diabetes Melitus
Cerebral Hemorrhage

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. W. Steiner M. D.

(Address) Harry Jackson

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Cecil
Village or City New Rising Sun

Length of residence in city or town where death occurred 30 yrs.

210-m

Registration Dist. No.

69804
95

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Francis Johnson(a) Residence: No. 117 1/2 Rising Sun

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLillie B. Johnson6. DATE OF BIRTH (month, day, and year) Nov 21 1868

7. AGE Years <u>63</u>	Months <u>9</u>	Days <u>27</u>	If LESS than 1 day, hrs. or min.
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Farm labor</u>	11. Total time (years) spent in this occupation <u>life</u>
--	---

12. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>	13. NAME <u>William Johnson</u>
--	---------------------------------

14. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>	15. MAIDEN NAME <u>Elizabeth Oldham</u>
--	---

16. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>	17. INFDRMANT (Address) <u>Charles J. Johnson</u>
--	--

18. BURIAL, CREMATION, OR REMOVAL Place, Pleasant Grove <u>Pa.</u>	Date <u>Sept 21, 1932</u>
---	---------------------------

19. UNDERTAKER (Address) <u>I. C. Tyson</u>	<u>Rising Sun, Md.</u>
--	------------------------

20. FILED <u>Sept 12, 1932</u>	Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 18

(Month)

(Day)

, 1932 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him alive on between 3:30 and 4:00; death is said to have occurred on the date stated above, at 3:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured skull and broken neckDate of onset
9/18/32

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:
accident Date of injury 9/18, 1932Accident, suicide, or homicide _____ Where did injury occur? about 3 mi. west of Rising SunSpecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
on old Chipping Pike - Stat. CrayManner of injury falling skull and broken neckNature of injury likely struck by automobile

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) F. Rodney Fraser, Coroner

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

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Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
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Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
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Chronic interstitial nephritis	July 5, 1927
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Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

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Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
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Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
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Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	July 5, 1927
Cerebral hemorrhage	

Arteriosclerosis	Date of onset
<

STATE OF MARYLAND—CERTIFICATE OF DEATH

69805

1. PLACE OF DEATH

County CecilVillage or City North East

Length of residence in city or town where death occurred _____ yrs.

(46)

Registration Dist. No. 94

St. _____ Ward _____

No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Rosa Lind

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Female whitewidowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge Lind

6. DATE OF BIRTH (month, day, and year)

April 8, 1854

7. AGE

Years 78Months 5Days 22If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Housewife11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)No.

13. NAME

Information14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Howard Purcell
(Address) North East Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill, Baltimore MD
Date Oct. 3, 193219. UNDERTAKER Joseph R. Grant
(Address) North East Md20. FILED Oct. 3, 1932 File No. Queens

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept
(month)30
(Day)1932
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 30 1930 to Sept 30, 1932
I last saw her alive on Sept 30, 1932
Death is said to have occurred on the date stated above, at 10:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of
StomachDate of onset 1931

Other Contributory Causes of Importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) O. Blauro(Address) North East, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

S

PLACE OF DEATH

County CecilVillage or City Elkton Md (No.)

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

September 5, 1931
(Month) (Day) (Year)

7 AGE

yrs.

mos.

IF LESS than
1 day hrs.
ds. or min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)

None

9 BIRTHPLACE
(State or country)Maryland

10 NAME OF FATHER

Cifford Lynch11 BIRTHPLACE OF FATHER
(State or country)Maryland

12 MAIDEN NAME OF MOTHER

Grace Henfale13 BIRTHPLACE OF MOTHER
(State or Country)Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Grace Lynch

(Address)

Elkton Md

15 Filed

Sept 17 1932

19232

James Gray

Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 92

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Union Hospital

St.

Ward

Lynch

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

September 5, 1931
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Sept 8 1931, 1931, to Sept 5, 1931, that I last saw h. alive on Sept 5, 1931,

and that death occurred on the date stated above, at 4 p.m.

The CAUSE OF DEATH * was as follows:

Massacavage(Duration) yrs. 3 mos. 0 ds.Contributory
Secondary(Signed) James J. Hartman M. D.(Address) 220 (Duration) yrs. mos. ds.*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Patients or Recent Residents)

At place
of death yrs. mos. ds.In the
State yrs. mos. ds.Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Holmeses

DATE OF BURIAL

✓, 19

20 UNDERTAKER

No

ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, House-worker, or At home*, and children not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e.g., *sepsis, tetanus*) may be stated under the head of "contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09807

1. PLACE OF DEATH

County CecilVillage or City near Leslie

Length of residence in city or town where death occurred

yrs. mos. 15 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

207-m

Registration Dist. No. 94

St.

Ward

2. FULL NAME Anna Majka(a) Residence: No. 2017 Spark Court
(Usual place of abode)St. BaltimoreWard. Ind.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (write the word)
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5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

Sept 20, 1916

7. AGE Years <u>15</u>	Months <u>11</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	------------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>employed two weeks</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>in Tomato cannery</u>	
10. Date deceased last worked at this occupation (month and year) <u>9/1/32</u>	11. Total time (years) spent in this occupation <u>1</u>

12. BIRTHPLACE (city or town)
(State or country) Baltimore, Ind.13. NAME James Majka14. BIRTHPLACE (city or town)
(State or country) Poland15. MAIDEN NAME Mary Sczur16. BIRTHPLACE (city or town)
(State or country) Poland17. INFORMANT Joseph S. Rehring
(Address) 2017 Spark Court, Baltimore, Ind.18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Sept 3, 193219. UNDERTAKER Joseph P. Fahey
(Address) Worthington20. FILED 9-2-32, 19 Geo. W. Amero
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 1

(Month)

(Day)

1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19 _____ to _____, 19 _____

I last saw h. _____ alive on _____, 19 _____.
Death is said to have occurred on the date stated above, at 12.14 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

died instantly from being struck by a train while walking on railroad.

Date of onset

9/1/32

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/1, 1932
Where did injury occur? near Leslie, Cecil Co., Ind.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

on tracks of B&O & Ohio RailroadManner of injury struck by an express train

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. Rodney Frazer, Coroner
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69808

1. PLACE OF DEATH

County Cecil
Village or City near Leslie

207-m

Registration Dist. No. 914St. WardLength of residence in city or town where death occurred yearsNo. 15 mos. 15 ds. If death occurred in a hospital or institution, give its NAME instead of street and numberHow long in U. S. if of foreign birth? years mos. ds.2. FULL NAME Mary Theresa Marshall(a) Residence: No. 315 South Chester
(Usual place of abode)St. Baltimore, Ward. Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>		
5a. If married, widowed, or divorced HUSBAND of <u></u> (or) WIFE of <u></u>				
6. DATE OF BIRTH (month, day, and year) <u>July 11, 1916</u>				
7. AGE <u>16</u>	Years <u>1</u>	Mos. <u>1</u>	Days <u>22</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>employed two weeks</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>in Tomato Cannery</u>	
10. Date deceased last worked at this occupation (month and year) <u>9/1/32</u>	11. Total time (years) spent in this occupation <u>0</u>

12. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

13. NAME Walter Marshall

14. BIRTHPLACE (city or town)
(State or country) Poland

15. MAIDEN NAME Laura Matusik

16. BIRTHPLACE (city or town)
(State or country) Poland

17. INFORMANT W. James J. Marshall
(Address) 265 S. Chester St. Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Sept 3, 1932

19. UNDERTAKER Joseph G. Shantz
(Address) North Park Md.

20. FILED 9-2-32 Geo. W. Dennis

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 1(Month) September (Day) 1 (Year) 1932

22. I HEREBY CERTIFY. That I attended deceased from

, 19 to , 19 to , 19I last saw him alive on 19 ; death is saidto have occurred on the date stated above, at 12:14 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

die instantly from being struck by a train while walking on railroad.

Date of onset
9/1/32

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

- Accident, suicide, or homicide? accident Date of Injury 9/1, 1932Where did injury occur? near Leslie, Cecil Co., Md.
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

on tracks of Balt & O. Railroad
Manner of injury struck by an express train

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. Rodney Frazer, Coroner
(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69809

1. PLACE OF DEATH

County Cecil

Registration Dist. Nd.

Village or City Childs, Maryland

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mr. John Mc Clay

(a) Residence: Nd.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) February 24th, 1852

7. AGE Years Months Days If LESS than
80 7 6 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Painter

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

House

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Elkton, Maryland

13. NAME Mr. William Mc Clay

14. BIRTHPLACE (city or town)
(State or country) No information
Scotland

15. MAIDEN NAME Lydia Peterson

16. BIRTHPLACE (city or town)
(State or country) No information
Maryland17. INFORMANT Ruth E Skinner
(Address) 1700 Maryland Avenue, Wilmington, Del18. BURIAL, CREMATION, OR REMOVAL
Place Elkton Cemetery Date Oct 4, 193219. UNDERTAKER 27 W. Virginia
(Address) Elkton, Md.20. FILED Oct 4, 1932
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 30th,
(Month)

(Day)

, 193 2
(Year)22. I HEREBY CERTIFY. That I attended deceased from
Jan. 14th, 1931, to September 30th, 1932.I last saw him alive on September 24th, 1932; death is said
to have occurred on the date stated above, at 7:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

General arteriosclerosis

Date of onset
?

Other Contributory Causes of importance:

Cerebral Hemorrhage with a
hemiplegia

about 1929

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

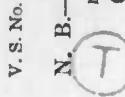
(Signed)

W. H. McNaught

M. D.

(Address)

Elkton, Maryland



UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

RECEIVED
NOV 4 1932

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED
NOV 4 1932

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69810

1. PLACE OF DEATH

County

Cecil
Colora

151-C

Registration Dist. No.

95

Village or City

St., Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby

(a) Residence: No.

(Usual place of abode)

Montgomery

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 11-1932

7. AGE Years Months

Days If LESS than
2 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Color, Cecil Co
Maryland

13. NAME Charles Bayard Montgomery

14. BIRTHPLACE (city or town)
(State or country)Cecil County
Maryland

15. MAIDEN NAME Edith Phillips Van Sant

16. BIRTHPLACE (city or town)
(State or country)Sylvan
Maryland

17. INFORMANT Edith Van Sant Montgomery

18. BURIAL, CREMATION, OR REMOVAL

Place West Pittsbrgh Date Sept. 14, 1932

19. UNDERTAKER E. Tyson

(Address) Res. Sun. Md.

20. FILED 9/14/32

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 13, 1932

Month (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw her alive on Sept. 12, 1932; death is said to have occurred on the date stated above, at 5A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Malformation of
Heart (Congenital)

Date of present

9/11/32

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Henderson M. D.

(Address) Part 158, 1st, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	Date of onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other contributory causes of importance:

<i>Gallstones</i>	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	Date of onset 1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other contributory causes of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69811

1. PLACE OF DEATH

County

Village or City

Georgetown

93-6

Registration Dist. No.

96

St.

Ward

Length of residence in city or town where death occurred

30

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Elizabeth H. Nickle

St. Ward.

If no resident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Frank Nickle

6. DATE OF BIRTH (month, day, and year)

Feb. 28, 1850

7. AGE

82

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

SAWYER, BOOKKEEPER, etc.

Housewife

SAW MILL, BANK, etc.

SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1938

11. Total time (years) spent in this occupation

60

12. BIRTHPLACE (city or town)

(State or country)

Elkton Md.

13. NAME

John Gibbons

14. BIRTHPLACE (city or town)

(State or country)

Lloydsville Md.

15. MAIDEN NAME

Mary Peache

16. BIRTHPLACE (city or town)

(State or country)

Lloydsville Md.

17. INFORMANT

(Address)

Grace Nickle

18. BURIAL, CREMATION, OR REMOVAL

(Place)

Burial Washington

19. UNDERTAKER

(Address)

Lee G. Patterson

20. FILED

(Date)

9/13, 1932 L. F. Sanders

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 11-1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

August 10, 1932, Sept 9, 1932; death is said

I last saw her alive on Sept 9, 1932; death is said to have occurred on the date stated above, at 3 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diabetes Insipidus

Date of onset

1928

Other Contributory Causes of importance:

Chronic Myocarditis 1924.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Sign)

(Address)

L. Jefferson

M. D.

96

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69812

1. PLACE OF DEATH

County

Cecil

207-7

Registration Dist. No.

94

Village or City

North East

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Robert J. Reilly

(a) Residence: No.

(Usual place of abode)

St.

Ward.

Narberth Penna.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
30	11	17	Oct 13, 1901
tf LESS than 1 day, ____ hrs. or ____ min.			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
9. Industry or business in which work was done, as ST. LK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation			

24 Laborer
General

12. BIRTHPLACE (city or town) (State or country)	
Penns	

13. NAME	
Robert J. Reilly	
14. BIRTHPLACE (city or town) (State or country)	
Penns	

15. MAIDEN NAME	
Nellie Reilly	
16. BIRTHPLACE (city or town) (State or country)	
Penns	

17. INFORMANT	
Mrs Wm W. Eiderman	
(Address)	
Wynwood Co	

18. BURIAL, CREMATION, OR REMOVAL	
Place: Catholic Cem. Elston Date: Oct 1, 1932	

19. UNDERTAKER	
Joseph R. Frazee	
(Address)	
North East, Md	

20. FILED	
10-1-32, 1932	
Supt. Queens	
Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 29
(Month) (Day)1932
(Year)22. I HEREBY CERTIFY. That I attended deceased from
19 _____, to _____, 19 _____; death is saidI last saw him _____ alive on _____, 19 _____; death is said
to have occurred on the date stated above, at 10:37 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Fall from freight train
causing fractured skull,
nose, right forearm, and both
legs. 9/29/32
Data of onset

Other Contributory Causes of Importance

Investigation
J. Rodney Frazee, Coroner

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/29, 1932

Where did injury occur? North East, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

On tracks of Penna. R. R. Co.

Manner of injury Riding empty box car, foot caught

Nature of injury in safety fence causing fall

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ M. D.

(Signed) _____ (Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Cecil

WITHIN CORPORATE LIMITS OF

135

Registration Dist. No.

69813

92

Village or City

Cecil

St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

7

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Cherry Hill, Md.

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

fem

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

James Strand Smith

6. DATE OF BIRTH (month, day, end year)

Jan 5, 1866

Years

76

Months

Y

Days

J

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, DANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Near Union

Md

13. NAME

Waldon Reed

14. BIRTHPLACE (city or town)
(State or country)

Near North East

Md

15. MAIDEN NAME

Armstrong

16. BIRTHPLACE (city or town)
(State or country)

Near Newark

Del

17. INFORMANT

George McCormick

(Address)

Elkton 7875 Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Cherry Hill Md Date: Sept 7, 1932

19. UNDERTAKER

Joseph A. Leahy & C. J. Tracy

(Address)

In northeast big

20. FILED

Sept 6, 1932 J. Bruce Hayes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept
(Month)5
(Day)1932
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 27, 1932 to Sept 5, 1932

I last saw him alive on Sept 4, 1932, death is said

to have occurred on the date stated above, at 12:20 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Hydrocephalus +
Perinephritic calculus

Date of onset

25

Other Contributory Causes of Importance:

Amenia

Name of operation: Brain damage Date of: 8/29/32

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Warren C. Steele M. D.

(Address) 100 First St. Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

69814

1. PLACE OF DEATH

County Baltimore
Village or City Baltimore, MdRegistration Dist. No. 92Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Wenger

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSingle

6. DATE OF BIRTH (month, day, and year)

September 12-1932

7. AGE Years 50 Months 0 Days 0 If LESS than
1 day, 0 hrs.
or 0 min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationNone

OCCUPATION

FATHER

MOTHER

17. INFDRMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md13. NAME Wallace Booker14. BIRTHPLACE (city or town) Baltimore
(State or country) Md15. MAIDEN NAME Bertha Mary Wenger16. BIRTHPLACE (city or town) Baltimore
(State or country) Md17. INFDRMANT
(Address)Place ✓ Date ✓, 19

18. BURIAL, CREMATION, OR REMOVAL

Place ✓ Date ✓, 1919. UNDERTAKER Parents

(Address)

20. FILED Sept 13, 1932 J. Bass, Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 12, 1932
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 12, 1932, to Sept 12, 1932
last saw him alive on Sept 12, 1932; death is said

to have occurred on the date stated above, at 4:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Moscowright

Data of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVED OUT 4 1932	Date of onset	Date of onset
Chronic interstitial nephritis	BUREAU V. S.	1915	Attack of epilepsy
Cerebral hemorrhage		1921	Run over by street car
		July 5, 1927	Peritonitis
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones		May 1, 1923	Gastroenteritis
			1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Patient stated that this was caused
by being kicked by a child on Sat 5/18/32

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69815

1. PLACE OF DEATH

County

Cecil

9

Registration Dist. No.

92

Village or City

Elkton 1202

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Pauline Virginia Woodall

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Apr 2 1932

7. AGE

Years

Months

Days

If LESS than
1 day,
or hrs.
min.

5

13

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Elkton Md RD 2
Maryland

MOTHER

FATHER

13. NAME

Elmer Mickle

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Naomi Woodall

16. BIRTHPLACE (city or town)
(State or country)Givon
Maryland

17. INFORMANT

(Address)

Mrs. Ella Woodall
Elkton Md RD 2

18. BURIAL, CREMATION, OR REMOVAL

Place Elkton Cemetery Date Sept 17, 1932

19. UNDERTAKER

(Address)

H. W. P. & Sons
Elkton Md

20. FILED

Date

Sept 17, 1932 f. Zack Boyer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

September 15th, 1932

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
September 14th, 1932, to September 15th, 1932I last saw her alive on September 15th, 1932; death is said
to have occurred on the date stated above, at 6:45 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows: ConvulsionsDate of onset
9/14/32

Other Contributory Causes of Importance:

Whooping cough.

8/28/32

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed)

V. G. Stone Ringel M. D.
(Address) Elkton, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example B

The principal cause of death and related causes of importance were as follows:

Example 1	
The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1922
Other contributory causes of importance:	
<i>Gallstones</i>	May 1, 1922

Example II

The principal cause of death and related causes of importance were as follows:

Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN